

## Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance



File with: City or Town Clerk or Election Construction
ov 26, 2013 Ending Date: Dec 31, 2013 OH H
a ☐ 30 day after election ☑ year-end report ☑ dissolution
No Eastie Casino: Opposing a Casino at Suffolk Downs
Committee Name
Bryan Schnittjer
Name of Committee Treasurer
742 Saratoga St., Boston, MA
Committee Mailing Address
Telephone Number (optional):
NCE INFORMATION:
NCE INFORMATION:
686.74
11) 46.44
733.18
line 14) 733.18
0
(page 6) 0
0
rings Bank
e best of my knowledge and belief, a true and complete statement of all campaign finance kind contributions and liabilities for this reporting period and represents the campaign period period and represents the campaign finance.  Treasurer's signature part of the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, orting period.
ng separate report to the best of my knowledge and belief, a true and complete statement of all campaign ments, in-kind contributions and liabilities for this reporting period and represents the of this committee in accordance with the requirements of M.G.L. c. 55.
(Candidate's signature) Date:

### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Th. 4. Th * *	Name and Residential Address	<b>A</b>	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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Achamate		SERVING CONTRACTOR	
en egypervenhele			
Line 9: Total Rece	ipts over \$50 (or listed above)	d Lance of the Control of the Contro	
Line 10: Total Rece	eipts \$50 and under* (not listed above)	46.44	
Line 11: TOTAL 1	RECEIPTS IN THE PERIOD	46.44	Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

### **SCHEDULE A: RECEIPTS (continued)**

	Name and Residential Address Occupation & Employer				
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)		
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	ne en e				
George	*** Company of the Co		Table 1 and		
C. P. C.					
West of the second	Commission of the Commission o		Lamenta de la constanta de la		
Line 9: Total Recei	pts over \$50 (or listed above)				
I in 10. Total Dans	ipts \$50 and under* (not listed above)	46.44			
Line IV. 10tal Rece	this and and ander. (not used above)	70.44			
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	46.44	← Enter on page 1, line 2		
If you have itemized	receipts of \$50 and under include them in line	Q Line 10 show	ld include only those receipts not itemized above.		

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

port all expenditures. Please include your committee name and a page number on each page.)  To Whom Paid						
Date Paid	(alphabetical listing)	Address Purpose of Expenditure		Amount		
12/2/2013	IRS	10th St and Pennsylvania ave, NW Washington, DC 20004	Taxes	311.24		
12/2/2013	Massachusetts Department of Revenue	PO Box 7010, Boston, MA 02204	Taxes	147.9		
11/29/2013	Massachusetts Department of Revenue	PO Box 7010, Boston, MA 02204	Taxes	104.04		
				``		
		Line 12: Total Expenditures ov	rer \$50 (or listed above)	563.18		
Line 13: Total Expenditures \$50 and under* (not listed a				170		
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD 733.18					

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

### SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
A. A				
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		***************************************		
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77				
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		Political Property and Control of the Control of th	The state of the s	
		7		
		A. J.		
- Constitution			majoria (tipijo)	The state of the s
Amoustecome				
				Order op signature
				No. of Co. of Co
		Parameter Carlos		V CONTRA NAMESCA
			The second secon	***
		Line 12: Expenditures over \$50	O (or listed above)	563.18
		Line 13: Expenditures \$50 and	under* (not listed above)	170
	Patentan man 1 Star 4 .	Line 14: TOTAL EXPENDIT		733.18
		1	hould include only those expenditure	<u> </u>

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		TAT THE CONTRACT OF THE CONTRA		
The state of the s			-	
				d de constante de la constante
				and the state of t
				997-77-77-77-77-77-77-77-77-77-77-77-77-
		Annual Control of the		
				No. de Contracto d
	A PARTIE AND A PAR	I :- 16 T V: 10	1 050 ( list-1-1)	
		Line 15: In-Kind Contributions		0
		Line 16: In-Kind Contributions		0
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CONTRIBUTIONS		

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

## SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
The state of the s				
	and the second s			an Andreas Chairman
			1	
AHEBRIPALA	and the second s	No. of the Control of	The same of the sa	
And the second s	Aminipopopolology		e para la constanta de la cons	<b>аспинима</b>
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		The state of the s		
	Tradeline Management (Management (Manageme			
Control of the Contro	To a second seco		Perminance of the control of the con	
	##-doctory			
1-1-12/4		To the state of th		



RECEIVED SIX OLERA'S OFFICE

2013 DEC 31 A 11: 20

BOSTON, MA

Office of Campaign and Political Finance

Name of Individual Being Reimbursed:

One Ashburtan Place Boston, MA 02108

Committee Name:

617) 727-8352

Please print or type all information, except signatures.

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Amount of Reimb	ursement: Se	Below				
late of Reimburs	ement: <u>See</u>	Below Below				
	ITEMIZE EXPER	IDITURES IN EXCESS OF \$50				
Date Paid Vendor Name and Address Purpose of Expenditure A						
				The state of the s		
	er betreet de state de de la company			PATER AND		
#### *********************************			-			
MA-10-0-1-00-0-1-0-1-0-1-0-1-0-1-0-1-0-1-	HENRY MENTAL MANAGEMENT AND					
		Expenditures in excess of \$50 (listed above)	the second se			
		Expenditures \$50 and under (not listed above)	15	49		
		TOTAL AMOUNT REIMBURSED	15	49		

Signed under the penalties of perjury:

Signature of Capdidate/Treasurer

Date



Office of Cempaign and Political Finance One Arbburton Place Boston, MA 02103 (617) 727-8352	ease print or type all information, except signatures.
	by detailing the date, payee, address, purpose and amount for each expenditure made by th mount reimbursed to the individual (which must be by committee check) should be the same a sent form.
Name of Individual Being Reimburs	a: Steve Holt
Committee Name:	No Eastie Casino CPFID#:
Amount of Reimbursement:	See Below
Date of Reimbursement:	500 Below
	itemize expenditibes in pacess ar sea

Date Paid	Vendor Name and Address	Purpose of Expenditure		me and Address Purpose of Expenditure A		ent
10/19/13	314 Washington St. Mass Web finting, Auburn MA 2 Center Diaza	Printing	1395	00		
10/26/13	Fed Ex Office Boston MA 385 Broadway	Printina	1375	24		
11/3/13	Eastie Times Rever MA		1031	80		
11/7/13	Staples, Revere MA	Advertisement Office Supplies	78	61		
11/25/13	Eastie Times Revere MA  Staples, Revere MA  385 Broadway  Eastie Times, Revere MA	Advertisement	600	<i>c</i> 0		
,						
				and to the contract of the con		
		Expenditures in excess of \$50 (listed above)	4480	65		
		Expenditures \$50 and under (not listed above)				
		TOTAL AMOUNT REIMBURSED	4480	65		

Signed under the penalties of perjury:

Signature of Candidate/Treasures/

Date



Office of Campaign: One Ashburton Place Boston, M.A. 02108 (617) 727-8352		nrint or two all in	formation, except signatures.		
Piease itemize : person being rei	any reimbursements by de	tailing the date, p	payee, address, purpose and amount for each the individual (which must be by committee che		
Name of Individ	hal Being Reimbursed:	Rita	La Serra		
Committee Nan		No Ec	La Serra ustie Casino CPFID#:_	o de la composición	
Amount of Rein	nbursement:	See Be	low		ny rannana di Mindia di Tali di Andria di Sandria
Date of Reimbu	rsement:	<u> </u>	ielow		
	r	TEMIZE EXPENI	DITURES IN EXCESS OF 550		
Date Paid	Vendor Name a	nd Address	Purpose of Expenditure	Amo	unt
11/10/13	Spinelli, Bosto.	niagton of.  MA	Food	103	58
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		намана у применя применя на применя на применя на 1840 година на 1840 година на 1840 година на 1840 година на			
		ang internation parties and the state of the			
			To a service and control of the cont	Medicination	444
Same and the second		ikiden de ekin mengemulak dalah sarah kura kenarak pelanyak di Alaba Sahil da dalam pelangkan di sampunang men			
	and the state of t	mijdelen kongrunski kalla distriktion et un distriktion propriete en en en en krije en en en en krije en en en			
	and the state of t	Secretaristics and a second page of the second seco	Expenditures in excess of \$50 (listed above	e) /03	58
			Expenditures \$50 and under (not listed abo		1
			TOTAL AMOUNT REIMBURSED	103	58

Signed under the penalties of perjury:

Signature of Candidate/Treasurer

Date



Consequently
of Massachusetts
Office of Campaign and Political Finance
One Aphiburton Place

Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

Please print or type all information, except signatures.

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

#### **ITEMIZE EXPENDITURES IN EXCESS OF 550**

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amo	unt
10/26/13	262 Meridian OL Craolo Graphics, Boston MA	Sian Printing	<i>5</i> ∞e	00
10/26/13	Cigno Graphics, Boston MA	Sign Printing	<i>3</i> 00	00
11/25/13	Cigoto Graphics, Poston MA 262 Meritian St. Cigoto Graphics, Boston MA 60 Temple Place WUNR Radio, Boston MA	Radio ad	<i>33</i> 0	00
			and the second seco	
				Participation of the Control of the
				To Company the Charlest Charle
anno esperante de la companya de la				anne de la constant d
manthinistration mental paper paper place of purple confidence.		Expenditures in excess of \$50 (listed above)	1130	00
		Expenditures \$50 and under (not listed above)	**************************************	
		TOTAL AMOUNT REIMBURSED	1130	00

Signed under the penalties of perjury:

Signature of Candidate/Treasurer

Date



of Massachusetts	
V/	ease print or type all information, except signatures.
Please itemize any reimbursements to person being reimbursed. The total a the amount shown on the reimbursement.	by detailing the date, payer, address, purpose and amount for each expenditure made by the mount reimbursed to the individual (which must be by committee check) should be the same as ent form.
Name of Individual Being Reimburse	
Committee Name:	No Eastie Casino CPFID#:
Amount of Reimbursement:	See Below
Date of Reimbursement:	Bee Below
	ITEMIZE EXPENDITIRES IN EXCESS OF 550

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amo	Amount	
10/19/13	8-C Allstate Rd. Office Max, Dorchester MA	Office Supplies	234	07	
11/2/13	24 Bluetills Ave Be Our Guest, Boston MA	Chair rentals	276	25	
11/2/13	Office Max, Dorchester MA  24 Bluetills Ave BeOurGuest, Boston MA 3-C Allstate Rd Office Max Dorchester MA	Office Supplies Chair rentals Office Supplies	232	66	
			actions between the manner of	angun serimakap ilikakin kandanda era era era era era era era era era er	
				A CONTRACTOR OF THE CONTRACTOR	
and exist and office the tribing of the state of the stat		Expenditures in excess of \$50 (listed above)	<del>7</del> 42	98	
		Expenditures \$50 and under (not listed above)		-	
		TOTAL AMOUNT REIMBURSED	742	98	

Signed under the penalties of perjury:

Duyer Schnitzer 12/3/13
Signature of Candidate/Treasurer Date



Office of Congaign and Political Finance
One Ashburton Place
Benton, MA 02103
(617) 727-8352

Please print or type all information, except signatures.

Please itemize any reimbursements by detailing the date, payer, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individual Being Reimbursed:

Maurch White

Committee Name:

Mc Enstie Casino CPF ID #:

See Below

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
11/3/13	4165 Washingtonst. Staples, Roslindale MA	Printing	580	04
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			yd a William dd gwyd y yr diwn y glyn y chwir y glyn y	
	ACCIONATION AND AND AND AND AND AND AND AND AND AN			American State of the State of
		Expenditures in excess of \$50 (listed above)	580	04
		Expenditures \$50 and under (not listed above)	The same of the sa	
		TOTAL AMOUNT REIMBURSED	608	93

Signed under the penalties of perjury:

Signature of Canddate/Treasurer

Please use a separate sheet for each reimbursement check issued.

12/96



Office of Campaign and Political Finance One Ashburton Place Boston, MA 02103 (617) 727-8352	Please pri	nt or type all informs	ation, except signs	ntures.	<sub>т</sub> ренді и супство тако тіль до дойна до 1864 до
Please itemize any reimbursements person being reimbursed. The total the amount shown on the reimburser	amount i	reimbursed to the ind			
Name of Individual Being Reimburs	red:	Jessica			
Committee Name:	944	No Eastie	Casino	CPF ID #:	
Amount of Reimbursement:	war	See Below			en andre en de la company
Date of Reimbursement:	•	See Below			
	ITEN	MIZE EXPENDITU	res in exces	S OF 350	

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
10/22/13	176 McClellan Hwy StarServices, Boston MA	Printing Signs	5co	00
1		fostage	3496	00
11/25/13	USPS, 50 Mesidian St Boston MA 151 VFW PKWY Staples, Revere MA 42 A Pleasant St.	Printing	3145	<b>0</b> 6
11/25/13	42.A pleasant St. Expertees, Stone ham, MA	T-shirt Orinting	550	60
11/25/13	5xpertees, Stone ham, MA 262 Meridian St. Ciapto Graphics, Boston MA	Printing	1080	00
				Polyton Polyton
				W. Control
	and the state of t			Uhingsteb-organistic
	Angelen and de agreement and the second	gard door die gester de		Secretary man of the secretary for the secretary
Entertainment of the second second		Expenditures in excess of \$50 (listed above)	8771	00
		Expenditures \$50 and under (not listed above)		
		TOTAL AMOUNT REIMBURSED	8771	00

Signed under the penalties of perjury:

Signature of Condidate/Treasurer

Date



d Managarata		·
Office of Campaign and Political Finance One Aduburton Place Boston, MA 02108 (617) 727-8352 Pleas	e print or type all information, except sign	atures.
Please itemize any reimbursements by operson being reimbursed. The total amount shown on the reimbursement	unt reimbursed to the individual (which n	se and amount for each expenditure made by the nust be by committee check) should be the same a
Name of Individual Being Reimbursed:	Jesse Purvis	
Committee Name:	No Eastie Casino	CPF ID #:
Amount of Reimbursement:	See Below	
Date of Reimbursement:	See Below	

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amo	unt
10/20/13	25 Court St. Staples, Boston MA	Office & Mailing Supplies	74	72
			den jakon arang dan kanan dan	
			ana para na pinyakan na sa	
		T. Line is a CEEN (lighted above)	7/1	127
		Expenditures in excess of \$50 (listed above)  Expenditures \$50 and under (not listed above)		72
		TOTAL AMOUNT REIMBURSED	74	72

Signed under the penalties of perjury:

Signature of Candidate/Treasurer

Jac



Ē	Office of Campaign Das Adhburton Plac Boston, MA 02108 617) 727-8352		formation, except signatures.		
r	erson being re		ayee, address, purpose and amount for each e individual (which must be by committee che		
P	ame of Indivi	dual Being Reimbursed: Ja50	Burrell	<del></del>	
•	Committee Nao	ne: No Eas	Hie Cosino CPFID#:	······································	
Į	Lmount of Rein	nbursement: <u>See Be</u>	low		Market and the second second second
r	Date of Reimbu	rsement: <u>See Bel</u>	øw		wari dana akana akana kata akana kata akana a
		ITEMIZE EXPEND	DITURES IN EXCESS OF \$50		
•	Date Paid	Vendor Name and Address	Purpose of Expenditure	Amo	ent
	11/6/13	305 Freeport St. Colony Hardware, Boston MA	Sian Supplies	531	25
	11/6/13	Colony Hardware, Boston MA	Sian Supplies Sian Supplies		25 39
	11/6/13	Colony Hardware, Boston MA	Sign Supplies Sign Supplies Sign Supplies		39
	11/6/13 11/6/13 11/6/13 11/6/13	Colony Hardware, Boston MA	Sian Supplies Sian Supplies Sian Supplies Sian Supplies	77	39 59
	11/6/13 11/6/13 11/6/13 11/6/13	305 Freeport St. Colony Hardware, Boston MA 1100 Revere Beach pkmy Home Depot, Chelsea MA 1100 Revere Beachpkmy Home Depot, Chelsea MA 1100 Revere Beachpkmy Home Depot, Chelsea MA	Sign Supplies Sign Supplies Sign Supplies	77 218	39 59
	11/6/13 11/6/13 11/6/13 11/6/13	Colony Hardware, Boston MA	Sign Supplies Sign Supplies Sign Supplies	77 218	39 59

Signed under the penalties of perjury:

Signature of Candidate/Treasurer

Date

Expenditures in excess of \$50 (listed above)

Expenditures \$50 and under (not listed above)

TOTAL AMOUNT REIMBURSED

Please use a separate sheet for each reimbursement check issued.

900 44

87

988



Office of Campaign and Political Finance
Con Albhurton Place
Boston, MA 02108
(617) 727-8352

Please print or type all information, except signatures.

Please itemize any reimbursements by detailing the date, payer, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individual Being Reimbursed:

Dryan Schnitter

Committee Name:

Mo Eastie Casino CPF ID #:

Amount of Reimbursement:

See Below

Date of Reimbursement:

See Below

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
11/25/13	USPS, 50 Meridian St. Boston MA	Postage	1320	00
•	USPS, 50 Meridian St. Boston MA	Postage	771	04
and the second	USPS, 50 Meridian St. Boston MA 919 Winthrop Ave	Postage	772	16
11/25/13	Northrup Printing, Revere MA	Printing	265	63
	Staples, 151 VFWPKWY RevereMA		115	79
	and a state of the			
ив казиции и объем не в в в в в в в в в в в в в в в в в в				
and the second seco	and the control contro		•	***************************************
		Expenditures in excess of \$50 (listed above)	3244	62
		Expenditures \$50 and under (not listed above)		
		TOTAL AMOUNT REIMBURSED	3244	62

Signed under the penalties of perjury:

Signature of Candidate/Treasurer

Date



## Form CPF R 1: Itemization of Reimbursements

RECEIVED

Office of Campaign and Political Finance

2013 DEC 31 A 11: 20

BOSTON. MA

	NAME OF TAXABLE PARTY.			The second second
Office of (	Sunpaiga	and	<b>Political</b>	Finance

One Ashburton Piece Boston, MA 02108 (617) 727-8352

Please print or type all information, except signatures.

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individual Being Reimbursed:	Steve Holt	الله ( المستودية و المستود	
Committee Name:	No Eastie Casino	CPF ID #:	anno anno anterior de la completa d
Amount of Reimbursement:	See Below		
Date of Reimbursement:	See Below		
	MIZE EXPENDITURES IN EXCESS O	F \$50	

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amo	unt
9/4/13	2 Center Plaza Fed Ex Office, Boston MA	Printina	337	00
9/21/13	Fed Ex Office, Boston MA  262 Mesidian St.  Cianto Graphics Boston MA  1100 Revere Deadh Phwy	Printina	<i>53</i> 0	00
9/21/13	Home Depot, Chelsea MA 162 Meridian St.	Sign Supplies	50	99
10/14/13	262 Meridian St. Vianto Granhics, Boston MA	Printing	5 <i>0</i> 0	00
10/14/13	Cigoto Graphics, Boston MA 262 Meridian St. Cigoto Graphics Boston MA	Printing	750	00
			and the second second second second	
			all and the second second	
			The Part of the Pa	The state of the s
		Expenditures in excess of \$50 (listed above)	2167	99
		Expenditures \$50 and under (not listed above)		
		TOTAL AMOUNT REIMBURSED	2167	99

Signed under the penalties of perjury:

Signature of Landidate/Treasurer

Date



Congressivenedite of Minerophopolite			
(41.)12	nformation, except signatures.		
Please itemize any reimbursements by detailing the date, person being reimbursed. The total amount reimbursed to the amount shown on the reimbursement form.	the individual (which must be by committee check) s	nouia de i	ine same a
	o Morales		
Committee Name: No Eo	astie Casino CPFID#:		
Amount of Reimbursement: <u>See J</u>	Below		
Date of Reimbursement: See J	Gelow		
ITEMIZE EXPE	NDITURES IN EXCESS OF \$50		
Date Paid Vendor Name and Address	Purpose of Expenditure	Amo	mnt
5/30/13 Chelsen Cellaborative, Chelsen MA 262 Meridian St 5/30/13 Cigoto Graphics, Boston MA	Event fee	100	00
5/30/13 Cigoto Graphics, Boston MA	Printing	<u>506</u>	00
		•	
		/	00
	Expenditures in excess of \$50 (listed above)	600	100
	Expenditures in excess of \$50 (listed above)  Expenditures \$50 and under (not listed above)	600	00



<del>-</del>							
Comerconomicale é Manuschespéle		- -	•				
Office of Campaign at One Ashburton Place Soston, MA 02108 (617) 727-8352	Picase į		nformation, except signatures.				
person being rein	ny reimbursements by def nbursed. The total amount n on the reimbursement for	nt reimbursed to the form.	payee, address, purpose and amount for each expende individual (which must be by committee check) significant.	nould be t	he same as		
Name of Individu	al Being Reimbursed:	_ Nicol	e Micheroní				
Committee Name:			licole Micheroni lo Eastie Casino CPFID#:				
Amount of Reimb	oursement:	See B	See Below See Below				
Date of Reimburs	ement:	See B	pelow		<del></del>		
	IT	emize expen	DITURES IN EXCESS OF SSO				
Date Paid	Vendor Name and Address		Purpose of Expenditure	Amount			
				1			
				-			
		<u> </u>					
		<del>,</del>	Expenditures in excess of \$50 (listed above)				
			Expenditures \$50 and under (not listed above)	49	98		
			TOTAL AMOUNT REIMBURSED	49	98		
	Signed under the pen	alties of nerium	a.				
			12/23/13 Date				
	Signature of Candida	er Sch te/Treasurer	Date	<del></del>			
			· ·				



Communication of Managerian			·			
Office of Campaign at One Ashburton Place Boston, MA 02108 (617) 727-8352	Please p		formation, except signatures.			
person being reit	nbursed. The total amount on the reimbursement fo	t reimbursed to the rm.	ayee, address, purpose and amount for each experie individual (which must be by committee check) si	hould be t	ine same as	
Name of Individ	nal Being Reimbursed:	Maure	en White			
Committee Name:  Amount of Reimbursement:		Maureen White  No Eastie Casino CPFID#:  See below				
		see belo	NU			
Date of Reimbur		see belou	W			
	rti		DITURES IN EXCESS OF \$50			
Date Paid	Vendor Name an	d Address	Purpose of Expenditure		Amount	
				ļ		
	<u> </u>					
				<del>, , , , , , , , , , , , , , , , , , , </del>		
			Expenditures in excess of \$50 (listed above)			
			Expenditures \$50 and under (not listed above)	81	09	
			TOTAL AMOUNT REIMBURSED	81	09	
	Signed under the pen	alties of perjury	•			
	Ruyan	~ 5dr	ulter 12/23/13	<del></del> -		
	Signature of Candida	te/Treasurer	Date '			

Please use a separate sheet for each reimbursement check issued.

12/96



Communication of Manuschmonto					
One Ashburton Place Boston, MA 02108 (617) 727-8352	Please print or type all in	nformation, except signatures.			
person being rei	any reimbursements by detailing the date, imbursed. The total amount reimbursed to t wn on the reimbursement form.	payee, address, purpose and amount for each expe he individual (which must be by committee check) s	nditure m hould be t	ade by the	
Name of Individ		ssica Curtis			
Committee Nan		stie Casino CPFID#:			
Amount of Rein	nbursement: <u>5ee bel</u>	οω	·		
Date of Reimbu	rsement: See be	ow			
	ITEMIZE EXPEN	IDITURES IN EXCESS OF \$50			
Date Paid	Vendor Name and Address	Purpose of Expenditure	Amo	Amount	
9/17/13	Staples 151 NFW PKWV. Revere, MA	Office Supplies	325	52	
9/12/13	Staples, 151 NFW PKWY, Revere, MA Target, 36 Furlong Dr., Revere, MA	Office Supplies	70	62	
1/17/13	Target, 30 Fill 1840 Dr.; Kevac, Mr	1 Office Supplied			
<u> </u>					
L	<u></u>	Expenditures in excess of \$50 (listed above)	396	14	
		Expenditures \$50 and under (not listed above)	<del>}</del>	711	
		TOTAL AMOUNT REIMBURSED	396	114	
	Signed under the penalties of perjur	<b>y</b> :			
	Burran Schuitt	je 12/23/13			
	Signature of Candidate/Treasurer	Date			

Please use a separate sheet for each reimbursement check issued.

Formerly Form 203A

12/96